

0977



STATEMENT OF ECONOMIC INTERESTS

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RECEIVED COVER PAGE FAIR POLITICAL PRACTICES COMMISSION

A Public Document

BY: \_\_\_\_\_

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2010 JUN -9 PM 4:17

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Mendoza	Antonio				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California State Assembly

Division, Board, District, if applicable:  
56th Assembly District

Your Position:  
Member of the Assembly

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes – schedule attached  
*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 8<sup>th</sup>, 2010

Signature \_\_\_\_\_ (with your filing official.)

09AT



**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Tony Mendoza

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
 Speciality Equipment Market Association

ADDRESS (Business Address Acceptable)  
 1121 L Street, Ste 610, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Represents the Specialty Automotive Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 09	\$ 129.50	Hotel in Las Vegas for
___ / ___ / ___	\$ _____	Car Show
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

**About SEMA**

SEMA, the Specialty Equipment Market Association founded in 1963, represents the \$31.85 billion specialty automotive industry of 7,144 member-companies. It is the authoritative source for research, data, trends and market growth information for the specialty auto parts industry. The industry provides appearance, performance, comfort, convenience and technology products for passenger and recreational vehicles.

BB  
B

09 AT

**SCHEDULE D**  
**Income - Gifts**

**AMENDMENT**

▶ NAME OF SOURCE  
Speciality Equipment Market Association

ADDRESS (Business Address Acceptable)  
1121 L Street, Ste 610, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Represents the Specialty Automotive Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 04 / 09</u>	<u>\$ 129.50</u>	<u>Hotel in Las Vegas for</u>
<u>    /    /    </u>	<u>\$</u>	<u>Car Show</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

**Verification**

Print Name Tony Mendoza

Office, Agency or Court Assemblymember, District 56

Statement Type  2009/2010 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 8, 2010  
(month, day, year)

Signature \_\_\_\_\_

Comments: Sema represents 1,144 member companies. Automotive source for research data, etc.

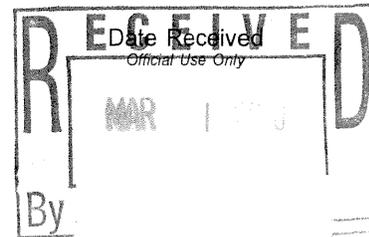
2009 Annual

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Mendoza	Antonio		( 916 ) 319-2056
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol, Room 2188		Sacramento	CA 95814

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
California State Assembly

Division, Board, District, if applicable:  
56th Assembly District

Your Position:  
Member of the Assembly

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

County of \_\_\_\_\_

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: \_\_\_\_\_

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes – schedule attached  
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Schedule A-2  Yes – schedule attached  
*Investments (10% or greater Ownership)*

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*Real Property*

Schedule C  Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes – schedule attached  
*Income – Gifts*

Schedule E  Yes – schedule attached  
*Income – Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/10  
(month, day, year)

Signature \_\_\_\_\_  
(file the originally signed statement with your filing official.)



**SCHEDULE D**  
**Income – Gifts**

Name  
Tony Mendoza

➤ NAME OF SOURCE  
California Forestry Association  
 ADDRESS  
1215 K Street, #1850, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Timber Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 09</u>	<u>\$ 117.77</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

➤ NAME OF SOURCE  
Cal Chamber  
 ADDRESS  
1215 K Street, #1400, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 09</u>	<u>\$ 136.75</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

➤ NAME OF SOURCE  
California Grocer's Association  
 ADDRESS  
1415 L Street, #410, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 31 / 09</u>	<u>\$ 56.81</u>	<u>Reception</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

➤ NAME OF SOURCE  
Anheuser Busch  
 ADDRESS  
1201 K Street, Ste 730, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 28 / 09</u>	<u>\$ 370</u>	<u>Sea World Tickets</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

➤ NAME OF SOURCE  
Association of LA Deputy Sheriffs  
 ADDRESS  
2 Cupania Cr., Monterey Park, CA 91755  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Peace Officers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 30 / 09</u>	<u>\$ 150.00</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

➤ NAME OF SOURCE  
Ron Beilke  
 ADDRESS  
6615 Passons Blvd., Pico Rivera, CA 90660  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 08 / 09</u>	<u>\$ 168.50</u>	<u>Concert Ticket</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
Tony Mendoza

> NAME OF SOURCE  
Assemblymember Anthony Portantino  
 ADDRESS  
State Capitol, Room 2033, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 09</u>	<u>\$ 145.00</u>	<u>Rosebowl Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

> NAME OF SOURCE  
CA Tribal Alliance  
 ADDRESS  
1530 J Street, #250, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Gaming

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 09</u>	<u>\$ 88.77</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

> NAME OF SOURCE  
Bass for Assembly  
 ADDRESS  
777 S. Figueroa St, #4050, Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Democratic Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 09</u>	<u>\$ 72.51</u>	<u>Jacket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

> NAME OF SOURCE  
Chevron  
 ADDRESS  
6001 Bollinger Cyn Rd., San Ramon, CA 94583  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Oil & Gas

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 09</u>	<u>\$ 56.40</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

> NAME OF SOURCE  
Democratic Party of California  
 ADDRESS  
1401 - 21st Street, #200, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Democratic Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 09</u>	<u>\$ 73.27</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

> NAME OF SOURCE  
CA Correctional Peace Officers  
 ADDRESS  
1415 L Street, #410, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Peace Officers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 09</u>	<u>\$ 164.94</u>	<u>Basketball Ticket</u>
<u>11 / 17 / 09</u>	<u>\$ 85.03</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

Name  
 Tony Mendoza

> NAME OF SOURCE  
Pacific Gas & Electric  
 ADDRESS  
1415 L Street, #280, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 09</u>	<u>\$ 109.94</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

> NAME OF SOURCE  
National Council of La Raza  
 ADDRESS  
523 W. 6th Street, #840, Los Angeles, CA 90014  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 09</u>	<u>\$ 250.00</u>	<u>Ticket/Alma Awards</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

> NAME OF SOURCE  
Cedar Fair Entertainment Company  
 ADDRESS  
One Cedar Point Dr., Sandusky, OH 44870  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment/Amusement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 09</u>	<u>\$ 200.00</u>	<u>Knotts Berry/2 Tickets</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

> NAME OF SOURCE  
Speciality Equipment Market Association  
 ADDRESS  
1121 L Street, Ste 610  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>00 / 04 / 09</u>	<u>\$ 129.50</u>	<u>Hotel in Las Vegas</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

> NAME OF SOURCE  
Pacific Life Insurance Company  
 ADDRESS  
700 Newport Center Dr., Newport Beach, CA 92660  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 09</u>	<u>\$ 150.00</u>	<u>Dinner/Truman Awards</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

> NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Tony Mendoza

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

➤ NAME OF SOURCE  
CA Independent Voter Project

ADDRESS  
2350 Kerner Blvd, #250

CITY AND STATE  
San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social Welfare

DATE(S): 11 / 16 / 09 - 11 / 19 / 09 AMT: \$ 659.71  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Airfare to Hawaii

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_